

# TCD eCenter

**Please provide enough detail for a serious review. Please attach a business plan and resume if you have them. Your application will be judged on the following criteria:**

1. Company growth potential, jobs creation, and economic impact
2. Need for support services by the Twin Cities Development eCenter
3. Market potential
4. Integrity, background, and expertise of owner

**Application Information: *Use Separate Sheets as Necessary***

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

1. What is your business structure?
  - a. Sole Proprietorship
  - b. Incorporated
  - c. Partnership
  - d. LLC
  - e. Nonprofit
  - f. Not Sure
2. What is your current number of FT/PT employees?
3. How many employees do you project to have at the end of first calendar year?
4. How many employees do you project to have at the end of second calendar year?
5. How many employees do you project to have at the end of third calendar year?



11. What type of business management assistance would be helpful to you? (Check All That Apply)
- a. Business Plan Writing
  - b. Business Plan Reviewing
  - c. Accounting Expertise
  - d. Legal Expertise
  - e. Mentoring
  - f. Coaching
  - g. Networking
  - h. Human Resources Expertise
  - i. Marketing Expertise
  - j. Information Technology (IT)
  - k. Other – *If other... Please specify:*

12. Describe your target market.

13. Describe your competitive advantage.

14. Describe your background and experience of key personnel.

15. What is your greatest strength as an entrepreneur?

16. What will be your biggest challenge as an entrepreneur?

17. What other locations have you researched, and what was the outcome of that result?

18. What are you passionate about and how does your business fulfill that need?

19. Why do you hope to locate your business in the TCD eCenter?

20. What are the benefits of your business to the community?

21. Please provide two professional references:

Name:  
Phone:  
Email:  
Relationship:

Name:  
Phone:  
Email:  
Relationship:

22. How did you hear about the TCD eCenter?

**Signature confirms that you ensure that:**

- 1. Your information is accurate
- 2. You agree to monitoring and quarterly reporting
- 3. You agree to accept and act upon advice from Advertising Panel/Advising Resources

\_\_\_\_\_  
SIGNITURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

**OFFICE USE ONLY**

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNITURE OF TCD eCenter AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE